FILED

2002 UNIFORM BUSINESS REPORT (UBR)

Apr 16, 2002 8:00 am Secretary of State DOCUMENT # L9900002658 1. Entity Name 04-16-2002 90083 011 ****50.00 EC BROS. L.C. Principal Place of Business Mailing Address C/O BAUR. WOODBRIDGE. REUS & KLEIN. P.A. C/O BAUR, WOODBRIDGE, REUS & KLEIN, P.A. 100 N BISCAYNE BLVD 21ST FLOOR 100 N BISCAYNE BLVD 21ST FLOOR MIAMI FL 33132-2306 MIAMI FL 33132-2306 2. Principal Place of Business 3. Mailing Address Suite, Apt. #, etc. Suite, Apt. #, etc. DO NOT WRITE IN THIS SPACE City & State City & State 4. FEI Number Applied For 65-0931326 Not Applicable Zip Country Country \$5.00 Additional 5. Certificate of Status Desired Fee Required 6. Name and Address of Current Registered Agent 7. Name and Address of New Registered Agent BAUR, THOMAS ESQ Street Address (P.O. Box Number is Not Acceptable) **NEW WORLD TOWER 21ST FLOOR** 100 N BISCAYNE BLVD MIAMI FL 33132-2306 City Zip Code 8. The above named entity submits this statement for the purpose of changing its registered office or registered agent, or both, in the State of Florida. Signature, typed or printed name of registered agent and title if applicable. (NOTE: Registered Agent signature required when reinstating) FILE NOW!!! FEE IS \$50.00 Make Check Payable to Department of State Due By May 1, 2002 MANAGING MEMBERS/MANAGERS ADDITIONS/CHANGES 10. **MGRM** TITLE TITLE ☐ Addition ☐ Delete Change NAME ECKERMANN, DR. REINER NAME STREET ADDRESS **UBIERSTR 2** STREET ADDRESS CITY-ST-ZIP CITY-ST-ZIP D-65719 HOFHEIM GERMANY TITLE ☐ Defete TITLE ☐ Change ☐ Addition NAME NAME STREET ADDRESS STREET ADDRESS CITY-ST-ZIP CITY-ST-ZIP ☐ Delete TITLE Change ☐ Addition NAME NAME STREET ADDRESS STREET ADDRESS CITY-ST-ZIP CITY-ST-ZIP TITLE > ☐ Delete TITLE Change ☐ Addition NAME STREET ADDRESS STREET ADDRESS CITY-ST-ZIP CITY-ST-ZIP Delete TITLE Change ☐ Addition NAME STREET ADDRESS STREET ADDRESS CITY-ST-ZIP CITY-ST-ZIP ☐ Delete TITLE TITLE Change ☐ Addition NAME NAME STREET ADDRESS STREET ADDRESS CITY-ST-ZIP CITY-ST-ZIP 11. I hereby certify that the information supplied with this filling does not qualify for the exemption stated in Section 119.07(3)(i), Florida Statutes. I further certify that the information indicated on this report is true and a signature shall have the same legal effect as if made under oath; that I am a managing member or manager of the vered to execute this report as required by Chapter 608, Florida Statutes. ccurate and that my limited liability company or the rec